

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 1 3

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

06-25-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915(g) &amp; 1902(a)(10)(B)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-  
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, Page 1b  
Supplement 1 to Attachment 3.1-A, Page 1c9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Same Page, Revised 02-01-97, TN#97-05  
Same Page, Revised 02-01-97, TN#97-05

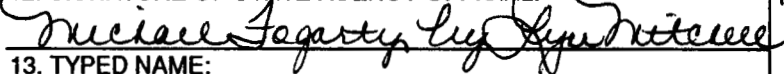
10. SUBJECT OF AMENDMENT:

Changing time increments for unit of service for TCM for severely mentally ill over  
age 21 and update requirements.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

June 22, 2001

16. RETURN TO:

Oklahoma Health Care Authority  
Attn: Billie Wright  
4545 N. Lincoln, #124  
Oklahoma City, OK 73105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 26, 2001

18. DATE APPROVED:

August 1, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 25, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Billie Wright

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

**CASE MANAGEMENT SERVICES**

- A. Target Group: The Chronically and/or severely mentally ill age 21 years and older.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of Section 1915 (g)(1) of the Act is invoked to provide services less than statewide:
- C. Comparability of Services:
- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management services are those provided to assist a client in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. This includes assisting the client in gaining access to basic community resources, referral and linkage to services, and is not restrictive in nature.

**Provider Specialties**

Private Facilities – Private facilities are those facilities who contract directly with the Oklahoma Health Care Authority to provide case management services.

DMHSAS Contracted Facilities – DMHSAS contracted facilities are those facilities who contract with the DMHSAS to provide services. These facilities receive an appropriation from the DMHSAS and report to DMHSAS via the OMHIS system.

Public Facilities – Public facilities are the regionally based Community Mental Health Centers.

<u>Service</u>	<u>Unit</u>	<u>Limitations</u>
Case Management	15 minutes	All units require prior authorization

All services will be subject to the medical necessity criteria. The client has the right to refuse case management and cannot be restricted from other services because of a refusal of case management services.

		Revised 06-25-01	
TN# <u>01-13</u>	Approval Date <u>08-01-01</u>	STATE <u>Oklahoma</u>	Effective Date <u>06-25-01</u>
Supersedes		DATE REC'D <u>06-26-01</u>	A
TN# <u>97-05</u>		DATE APPV'D <u>08-01-01</u>	
		DATE EFF <u>06-25-01</u>	
		HCFA 179 <u>AK-01-13</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

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**CASE MANAGEMENT SERVICES**

- E. Provider Qualifications: Case managers certified by the Department of Mental Health and Substance Abuse Services (DMHSAS) must have an associate's degree in a related human service field, or two years or more of college education, plus two years or more of human service experience; or a bachelor's degree in a related human service field plus one or more years human service experience; or a master's degree in a related human service field. All targeted case managers must complete training in targeted case management and receive certification of such training.

Case management must be provided by a qualified provider agency of case management services. Programs must be reviewed in the areas of substance abuse and/or mental health by the DMHSAS as an agent of the Oklahoma Health Care Authority (Agency) in accordance with a current Interagency Agreement for such purposes. The program must be found to be in compliance with the applicable approved Agency standards for the purpose of providing case management services. Only organizations that have submitted a completed Agency Case Management Provider Application to DMHSAS will be eligible to be reviewed by DMHSAS for such purposes. The agency must demonstrate its capacity to deliver case management services in terms of the following items:

1. Adequate case management staff to serve the target group and available on a 24 hour on call basis.
2. Administrative capacity to fulfill State and Federal requirements
3. Maintenance of programmatic and financial records. Program records should show that the agency is able to develop and maintain assessment records. The financial records should include development of a management system which tracks costs associated with worker activities.

The provider agency must agree to comply with applicable Federal and State regulations.

Revised 06-25-01

TN# 01-13

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